

# Level of Care for ND Providers

Feb 2024

# Agenda

1. Review the purpose and goal of Level of Care
2. Level of Care areas of concern
3. Review upcoming process changes and troubleshooting tips.

# Level of Care



Most appropriate, least restrictive setting to meet person's needs

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NF or specific waiver programs

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Medicaid OR Level II condition

# The Purpose of Level of Care (LOC)

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## Medical necessity for programs:

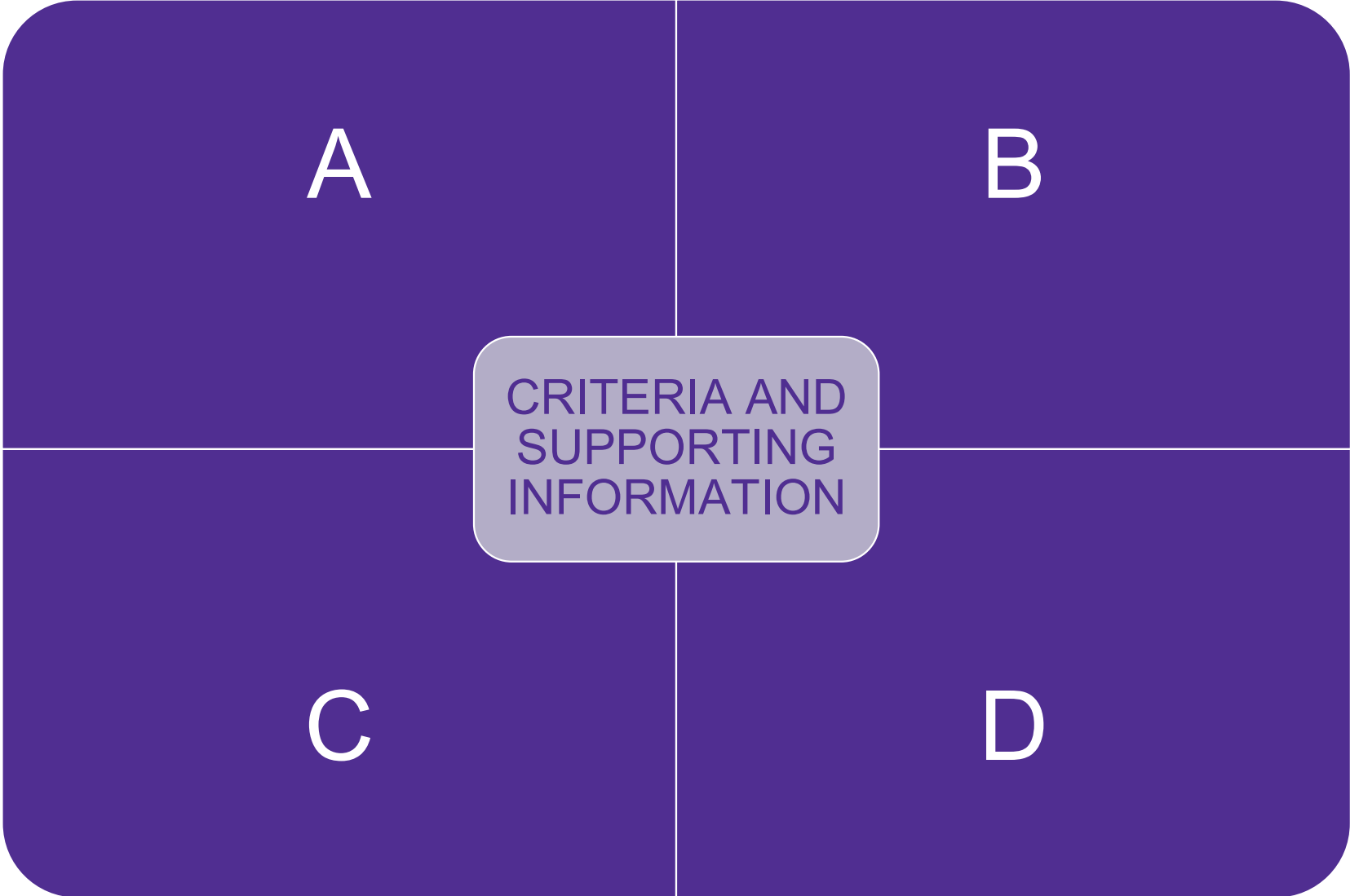
- Nursing Facility/Swing Bed
  - Personal Care
- Home and Community Based Services
- Children with Medically Fragile Needs
  - PACE
- Money Follows the Person



## State regulations



## Specific criteria



## Slide 5

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- A0** Taking my cue from the L1 deck, I didn't think you wanted to go into the different sections of the LOC. I added them in fully expecting to delete them. Without these slides, the LOC deck is about 8 slides. Is there something else you want to include?  
Author, 2024-01-24T16:02:32.041
- A0 0** If you do want them, I will fix the formatting but there are a lto of them to spend time on if they are going to be deleted anyway.  
Author, 2024-01-24T16:06:50.628
- A0 1** Hi Stephanie, you can remove slides 6- 27.  
Author, 2024-01-24T16:22:00.187
- A0 2** Could we also add a slide or two about documentation upload instructions with screenshots?  
Author, 2024-01-24T16:23:19.048



# AssessmentPro and LoC Areas of Concern

# Reason for Screening

## Reason for Screening

### Reason for screening\*

- Nursing facility applicant
- PASRR only: Nursing facility resident who is not currently in an inpatient psychiatric hospital/unit at this time
- PASRR only: Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit
- Nursing facility resident who is transferring to another nursing facility
- Nursing facility resident who is converting to Medicaid
- Nursing facility resident who is requesting retrospective review of this individual's level of care status beginning with a date in the past ?
- Nursing facility resident whose approval period is expiring and needs additional time in the nursing facility
  - Medicaid, Medicaid Pending, Medicare/Medicaid, and Medicare/Medicaid Pending
    - Annual Review ?
    - Short-Term Approval Expiration
  - Self-Pay, Private Insurance, Medicare
- Nursing facility resident who has had a previous LOC approval, but has had significant medical improvement and the submitting facility is providing an update of that improvement
- Swing bed applicant or swing bed resident applying to Medicaid
- Waiver, grant, or other service/program applicant
- Waiver, grant, or other service/program recipient whose approval period is expiring and needs additional time in the service/program



# Common Demographics Issues

**Demographics**

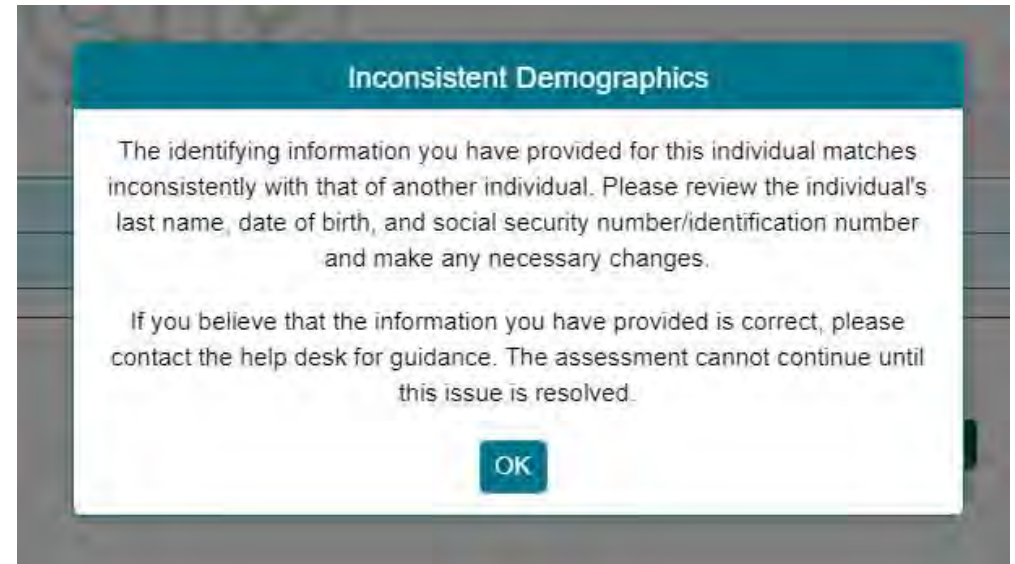
First Name\*

Middle Initial

Last Name\*

Suffix


- Avoid nicknames or shortened name
- Double check spelling



- Verify name spelling, DOB, SSN
- Click OK to double check everything you have and fix any errors
- Reach out to Maximus for support

# Legal Guardian

**Legal Guardian/Conclusion**

Does the individual have a Legal Guardian? 

No

Yes


**Contact Information**

Legal Guardian Name\*

Address\*

Address Line Two

City\*

State\*  

Zip Code\*

Phone\*  ext.

Email Address

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**ALERT: This address will be used to mail important, HIPAA protected information. You must verify address accuracy. Check one:\***

Address is confirmed as current

No known permanent/valid address. I attest that I will print and provide a copy of the determination and any attached appeal rights directly to the individual and, if applicable, to his/her guardian once it is finalized.

# Disability Type

## Disability Type\*

- Single Suspected Condition
- Dual Suspected Conditions
  - MH and ID
  - MH and DD/RC
  - MH and ID and DD/RC
  - ID and DD/RC
- No Suspected Condition

# Medical Diagnoses

## Medical Diagnosis

To assist in determining appropriate criteria for level of care, document all known current and relevant historical medical diagnoses. These do not necessarily need to be the diagnoses for which the individual is seeking services.\*

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The individual requires **constant help** at least 60% of the time with at least two (2) of the following Activities of Daily Living (ADLs).

- Toileting: use of toileting equipment, cleansing, adjustment of clothing
- Eating: physical assistance with feeding or constant cues/prompting
  - Does not include set-up or meal preparation, such as cutting up food
- Transferring: movement from surface to surface, such as bed to chair or chair to wheelchair
- Locomotion: movement from place to place, such as room to room

## A.5

Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. This criterion does not apply to individuals who need intermittent assistance.

## Section A #5 (& Section B #6)

5. The individual requires constant help at least 60% of the time with at least two (2) of the following Activities of Daily Living (ADL's);

**Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. This criteria is for the individuals who need intermittent assistance. You may be asked to provide medical records to support the information you have detailed below.**

- Toileting (use of toileting equipment, cleansing, adjustment of clothing);

**Describe assistance needed including frequency of assistance:\***

Client needs 100% assistance in toileting. He uses a hooyer lift and physical assistance for all aspects of toileting.

- Eating (physical assistance with feeding or constant cues/prompting; does not include setup or meal preparation such as cutting up food);

- Transferring (movement from surface to surface, such as bed to chair or chair to wheelchair);

**Describe assistance needed including frequency of assistance:\***

Client is unable to move his body or limbs without assistance. He is unable to assist with transferring. He is not able to sit or stand due to his MD. He needs all transfers done for him using a lift.

- Locomotion (movement from place to place, such as room to room);

**Describe assistance needed including frequency of assistance:\***

Client is unable to walk for locomotion. Client is unable to move his body except for once he is placed in his electric wheelchair. In a manual chair he would need to be pushed and need 100% assistance. He uses his electric chair within in apartment and when he goes in the community.

**Explain why the individual is not able to self-manage these ADLs. Describe any cognitive and/or physical limitations:\***

Client has Muscular Dystrophy from a young age. MD is a progressive genetic disease that causes progressive weakness and loss of muscle mass.

## Slide 13

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**A0** Slides 33-38 are issues presented in a former session. Not sure if they are still relevant or if you want them included. I will clean up or delete on your guidance.

Author, 2024-01-24T16:09:16.664

## B.2

The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse.

Identify and describe:

- Unstable medical conditions
- Recent changes in presentation
- Services needed and who will provide them
- The reason for support



## Section B #2

2. The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse (or, in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30 (b), a licensed practical nurse).

**This criterion requires the presence of instability along with the nursing needs that relate to that medical condition. It must focus on monitoring fluctuations in vitals, lab values and/or other indicators that the medical condition is unstable, and the individual must be incapable of self-monitoring (for example, the individual cannot arrange for or monitor service needs). You may be asked to provide history and physical, nursing notes, and any other documentation that supports the individual's needs. Identify the individual's unstable medical condition(s):**

Identify the individual's unstable medical condition(s):\*

Resident is requiring the need for monitoring daily of changes in mental status including confusion, personality changes, speech problems, dizziness, difficulty walking and headaches. Resident also had seizure activity with the subdural hematoma so this continues to be a risk. These all will be monitored by a Licensed Practical Nurse or Registered Nurse.

Describe any recent fluctuations in the individual's medical presentation. This may include changes in lab values, vitals, or levels. It may also include increases in frequency of doctor visits.\*

Resident was hospitalized after a fall resulting in a subdural hematoma requiring a bur hole evacuation of the clot. Shortly after returning home he had a second subdural hematoma requiring drainage. He continues to be at risk for recurrent bleeding. Resident also had seizure activity with the subdural hematoma so this continues to be a risk. He is also Diabetic and adjustments are being made to his insulin to stabilize blood sugars.

Describe the services needed related to unstable medical condition(s). Include frequency and who will be providing those services:\*

Resident is requiring the need for monitoring 24 hour supervision daily for changes in mental status including confusion, personality changes, speech problems, dizziness, difficulty walking and headaches. Resident also had seizure activity with the subdural hematoma so this continues to be a risk. These all will be monitored by a Licensed Practical Nurse or Registered Nurse. He is also

Explain why the individual is not able to self-monitor the condition(s). Describe any cognitive and/or physical limitations:\*

Resident is unable to return to prior living condition as he does not have 24 hours supervision. He has a history of falls which has resulted in two subdural hematomas and seizures. His family are not available during the day to monitor for changes that may occur with subdural hematomas or

## B.3

The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments provided at least five (5) days per week.

- Services must add to at least 5 days per week
- Must be delivered by a therapist, or aides/assistants under direction of therapist
- Identify and describe:
  - Restorative services
  - Frequency
  - Provider
  - Goals & Progress
  - Expected duration

## Section B #3

3. The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments. (e.g. gait training, bowel and bladder training) which are provided at least five (5) days per week.

**Restorative services must add up to at least 5 days per week. The therapies must be delivered by a therapist or by restorative aides or assistants under the direction of the therapist. You must provide therapy orders and notes, if available. Maintenance and prevention of deterioration are not included under this criterion.**

**Identify restorative services, frequency, and who will provide them:\***

Physical therapy 5 days per week by skilled physical therapist, Occupational therapy 5 days per week by skilled occupational therapist, Speech therapy 3 days per week by skilled speech therapist.

**Describe the individual's goals and progress toward those goals:\***

PT: Goal is to improve balance, decrease impulsivity, improve LE strength and ambulate independently to be able to discharge back into the community with services as needed. Working on gait training, neuro re-ed, orthotic fit/training, therapeutic activities, therapeutic exercises.

**Describe how long these services are expected to be needed:\***

At least another couple of months.

# Document Uploads

Open

This PC > Desktop > Training Dept Tools > AssessmentPro Tools

Search AssessmentPro Tools

Organize New folder

Name	Status	Date modified	Type	Size
H&P		8/13/2020 9:28 AM	Adobe Acrobat Docum...	32 KB

File name: | All Files

Open Cancel

Social Security Number  
132 Oak St Fargo, ND 21344

<< Previous Next >>

**Document Upload**

Required Documents\* ⓘ

Select files... Done

H&P.pdf

I cannot upload all required documents.

<< Previous Next >>

Reason for Screening

Demographics

Legal Guardian/Conclusion

Medical Diagnosis

Section A

Section B

Section C

Section D

Retrospective Review

Document Upload

1 2 3

**Document Upload**

Required Documents\* ⓘ

Select files... Done

H&P.pdf

I cannot upload all required documents.

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Screen saves e... green will remain editable and data entered will t

History and Physical Exam

- ADL Flow Sheet
- Assessment Notification Form
- DDPM Packet
- Guardianship Paperwork
- History and Physical Exam
- MD Certification
- Medication List/MARs

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## Slide 18

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**A0** Does this work or do you want to go through the fax option too?

Author, 2024-01-31T22:28:45.545

**A0 0** If you could also add a slide after this that goes over what to do/select if they cannot upload all documents with a screenshot it would be great!

Author, 2024-01-31T22:33:46.998


# Unable to Upload Documentation

**Document Upload**

Required Documents\* ⓘ

Select files...

1  I cannot upload all required documents.

I cannot upload. I will fax. ⓘ 

This is in-process/scheduled to be completed and will be forwarded at that time. ⓘ

This is unobtainable. ⓘ

Select document type(s)...


Select document type(s)...

Select document type(s)...

Explanation for unobtainable document types\*

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# Expired Credentials




ASSESSMENTPRO

## Sign in


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[Don't have an account? Sign up now](#)



ASSESSMENTPRO

## Sign in

Your password has expired. Please change it now.

ASSESSMENTPRO

## Sign in

This user account is disabled.



# Swing Bed Level of Care

## Reason for Screening

### Reason for screening\*

- Nursing facility applicant
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- PASRR only: Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit
- Nursing facility resident who is transferring to another nursing facility
- Nursing facility resident who is converting to Medicaid
- Nursing facility resident who is requesting retrospective review of this individual's level of care status beginning with a date in the past ⓘ
- Nursing facility resident whose approval period is expiring and needs additional time in the nursing facility
- Nursing facility resident who has had a previous LOC approval, but has had significant medical improvement and the submitting facility is providing an update of that improvement
- Swing Bed Applicant
  - Expected length of stay less than 90 days
  - Expected length of stay more than 90 days
- Swing Bed Resident
- Waiver, grant, or other service/program applicant
- Waiver, grant, or other service/program recipient whose approval period is expiring and needs additional time in the service/program

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## Reason for Screening

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- PASRR only: Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit
- Nursing facility resident who is transferring to another nursing facility
- Nursing facility resident who is converting to Medicaid
- Nursing facility resident who is requesting retrospective review of this individual's level of care status beginning with a date in the past ⓘ
- Nursing facility resident whose approval period is expiring and needs additional time in the nursing facility
- Nursing facility resident who has had a previous LOC approval, but has had significant medical improvement and the submitting facility is providing an update of that improvement
- Swing Bed Applicant
- Swing Bed Resident
  - Swing Bed Resident who is now applying for Medicaid
  - Swing Bed Resident whose previous approval is expiring
- Waiver, grant, or other service/program applicant
- Waiver, grant, or other service/program recipient whose approval period is expiring and needs additional time in the service/program

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Watch for more information on updates to the Swing Bed process – coming soon!



# Resources: Maximus ND PASRR Resource Page

## North Dakota Resource Page

- Access through AssessmentPro by clicking on your name in AssessmentPro and selecting the Resources link.
- This will lead you to all the published resources for North Dakota PASRR, including:
  - [Training Checklist](#)
  - [AssessmentPro FAQ](#)
  - [ND Provider Manual](#)
  - [Previous Webinars](#)

NORTH DAKOTA PASRR

## Tools and Resources

Maximus performs Pre-Admission Screening and Resident Review (PASRR) Level I screens and Level II evaluations on individuals who are applying to or residing in Medicaid-certified nursing homes. This federally mandated assessment process is used to determine whether the nursing home is the appropriate placement for individuals with mental illness, intellectual disabilities or developmental disabilities. PASRR functions as an essential method to help match individuals with the care and services they need. We also performs nursing facility Level of Care Determinations for all Level II evaluations.

CONTACT THE HELP DESK

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**Phone, Fax & Email**  
☎ 833.997.2777  
📠 877.431.9568  
✉ [NDPASRR@maximus.com](mailto:NDPASRR@maximus.com)

**Business Hours**  
🕒 8:00 am - 5:00 pm CST, M-F